

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

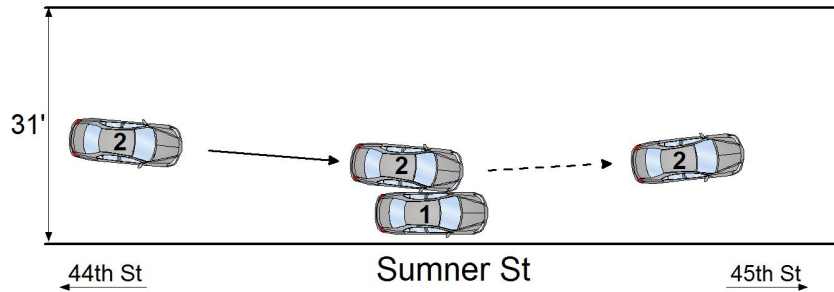
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-047186**



Indicate  
North  
by Arrow

**POI:**  
**67'5" W W curb 45th**  
**5'6" N S curb Sumner**



## Hit & Run

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V#1 was parked EB on Sumner when it was struck by unknown V#2 which was EB and passing V#1 when it struck V#1. Damage to V#1 was measured at 26-31 inches AGL to door/fender panels and 39-43 inches AGL to outer rearview mirror. Time frame for accident is 1500 hrs 5-28-16 to 0725 hrs 5-29-16. Photos uploaded.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2						VEH 1		VEH 2	
1			X		Sumner	POINT OF IMPACT	07	POINT OF IMPACT	03	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		Driver No. 1		Driver No. 2	
2			X		Sumner	MOST DAMAGED AREA	07	MOST DAMAGED AREA	03					Driver No. 1		Driver No. 2	
1	10	06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		BAC LEVEL		ALCOHOL/ DRUGS SUSPECTED			
2	04											1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown					

OFFICER NO. <b>643</b>	TROOP/ TEAM/ BEAT <b>SE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Mark Fluitt</b>		INVESTIGATOR SIGNATURE <b>Approved by Mark Fluitt</b>	DATE OF REPORT <b>05/29/2016</b>